

# PROPERTY TAX APPEAL FORM



## State Board of Equalization

9<sup>th</sup> Floor, W.R. Snodgrass TN Tower

312 Rosa L. Parks Avenue

Nashville, TN 37243-1102

Phone: (615) 401-7883

<http://www.comptroller.tn.gov/SBOE/>

For Office Use Only

RECORD #: \_\_\_\_\_

FEE: \_\_\_\_\_

1. County where property is located \_\_\_\_\_ Tax Year \_\_\_\_\_

2.

PARCEL IDENTIFICATION				
Control Map	Group	Parcel	Property Identifier	Special Interest

3. Personal Property Identification Number (if applicable) \_\_\_\_\_

4. Name of Property Owner: \_\_\_\_\_

5. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

6. Representative for Property Owner: ☐ Check if same as above

Name: \_\_\_\_\_

Relationship to Owner (If agent, indicate registration no.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

7. Classification of the property:

Real property (\_\_\_) Tangible personal property (\_\_\_) Intangible personal property (\_\_\_)

8. Subclassification of the property:

Residential (\_\_\_) Commercial (\_\_\_) Industrial (\_\_\_) Farm (\_\_\_) Public Utility (\_\_\_)

9. Address of Property: \_\_\_\_\_ City: \_\_\_\_\_

10. Was this property appealed to County Board of Equalization? Yes (\_\_\_) No (\_\_\_)

(a) If yes, what was the value set by the County Board of Equalization? \_\_\_\_\_

**Attach a copy of the County Board of Equalization's decision.**

(b) If no, please provide documentation/reason why you are filing this appeal: \_\_\_\_\_

11. Please indicate below the use of this property on January 1 of the tax year:

- ( ) Farm
- ( ) Single family residence
- ( ) Duplex
- ( ) Apartment
- ( ) Condominium
- ( ) Hotel/motel

- ( ) Office building
- ( ) Warehouse
- ( ) Retail
- ( ) Manufacturing
- ( ) Vacant land
- ( ) Other: \_\_\_\_\_

12. If the property being appealed was purchased within the last three (3) years please provide the following information:

Date Property Acquired: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

13. Is any part of the property rented: Yes ( ) No ( ) If yes, Annual Gross Income \$ \_\_\_\_\_

14. The basis of this complaint is: (Check one)

( ) **Classification** – Check class you are seeking:

\_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Multiple \_\_\_\_\_ Farm \_\_\_\_\_ Exempt

( ) **Assessor's value exceeds market value** – Check below based on the following reason:

\_\_\_\_\_ Sales Price

\_\_\_\_\_ Sales Comparison of similar properties

\_\_\_\_\_ Income Approach indicates lower value

\_\_\_\_\_ Cost Approach indicates lower value

( ) **Tangible Personal Property appeal**

15. What do you believe the fair market value of this property was on January 1 for the tax year you are appealing? \_\_\_\_\_

16. Please explain/submit evidence that supports your opinion of value/classification (Attach additional pages as necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

AFFIDAVIT: I do hereby verify that the foregoing statements are true and correct to the best of my knowledge and belief.

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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State of Tennessee, \_\_\_\_\_ County

Personally appeared before me \_\_\_\_\_ a Notary Public in and for said County, the above named affiant, with whom I am personally acquainted, who, being duly sworn, says that the statements in the above complaint are true to the best of the affiant's knowledge and belief.

This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_